SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN JUL 27 2012

Date: Permit #: Refund: Amount Paid: , SST \$ \$.8-1Q <u>5</u> 8 123117 THE STATE OF THE S B

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Owner(s): Take the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date

Authorized Agent:

(If you

signing on behalf of the owner(s) a letter of authorization must accor

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MA

55364

pany this application)

Address to send permit.

6/9/ Sugar

Attach

SS 364 copy of Tax Statement
Gopy of Tax Statement ryou recently purchased the property send your Recorded Deed

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OMEN

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Rec'd for Issuance Owner(s): LAM (If there are Multiple) Authorized Agent: (If you are

Other: (explain)

FAILURE TO OBTAIN A PERMIT <u>or STARTING CONSTRUCTION WITHOUT</u> A PERMIT WILL RESULT IN PENALTIES w accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and com y of all information (twe) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit this information (twe) am (are) providing in or with this application. I (we) consent to county officials charged with administering cou

SIME PLAN 19-11- 244

15 Conditional Use: (explain) 105 exemption $\times \times \times$ În 100 SET BACK

HAIDLITURAL (8912) 13

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5/17/20/2

Attach
Copy of Tax Staten
d the property send your R

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

ing on behalf of the owner(s) a letter of authorization must accompany this application

200 SS TILL

BMIT: COMPLETED APPLICATION, TAX ATEMIC'IT AND FEB.TO: 子のの

BAYFIELD COUNTY, WISCONSIN

BAYFIELD COUNTY, WISCONSIN

Date Stamp Indexive JUL 19 2012

Bayfield County
Planning and Zoning Depart.
PO Box 58

Washburn, WI 54891 (715) 373-6138

Date: Permit #: Amount Paid: X-10-10-1 1000 P

Bayfield Co. Zoning Dept

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. SANITARY PR
| Mailing Address PRIVY HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) ☐ CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Refund: ナスド

Authorized Agent: TYPE OF PERMIT REQUESTED -> | X LAND USE Owner's Name: , ☐ Shoreland addres K Non-Shoreland Existing Structure: (if per Proposed Construction: of Completion Value at Time Lange of Propert donated time & Residential Use PROJECT LOCATION \Box 140 CC * include material Proposed Use Commercial Use Municipal Use Section Sunset 1/4, d Cersi 70 Legal Description: $\hfill\Box$ is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue ☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)

Creek or Landward side of Floodplain? If yes—continue —▶ (if permit being applied for is relevant to it) **New Construction** Run a Business on Relocate (existing bldg) Conversion Addition/Alteration Property , Township 1/4 g Application on behalf of Owner(s)) Project X applying for) 9 Residence (i.e. cabin, hunting shack, etc. Principal Structure (first structure on property) Other: (explain Special Use: (explain) ______
Conditional Use: (explain) Addition/Alteration Mobile Home (manufactured date) Bunkhouse w/ (☐ sanitary, (Use Tax Statement) Accessory Building Addition/Alteration (specify) Accessory Building FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES acknowledge that I (we) accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) further accept liability which by of all information I (we) apr (gre) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which is information I (we) apr (gre) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the high information I (we) application. I (we) consent to county officials charged with administering county ordinances to have access to the Your N, Range and/or basement with a Porch with (2nd) Porch 2-Story with Attached Garage with (2nd) Deck with Loft 1-Story + Loft Foundation Basement 1-Story No Basement of Stories rot(§) CSM (specify) Contractor Phone:
7/5 7753156
Agent Phone: POBOX Oty/State/Zip: (specify) 04 PIN ٤ -900 or □ sleeping quarters, or □ 123 digits) X Year Round Proposed Structure Length: Length: Seasonal Town of: Vol & Page Use Regor Agent Mailing Address (include Cot)/State/Zip): BAYFIELD Distance Structure is from Shoreline: Distance Structure is from Shoreline: ļ□ None Lot(s) No. 9 cooking & food prep facilities) PERMITTER SACTICAL 10-340-2000t Width: Width: Block(s) No. None Privy (Pit) or (New) Sanitary Municipal/City Sanitary (Exists) Specify Type: Portable (w. Compost Toilet What Type of Sewer/Sanitary System Cri Cri Is on the property? Volume Subdivision: Recorded Document: (i.e. Property Lot Size feet feet 1845 Specify Type: ____ Vaulted (min 200 gallon) 4/6× **Dimensions** Is Property in Floodplain Zone? × No × × ☐ Yes × × × Height: Height: 12 Written Authorization 715909 Cell Phone: Plumber Phone Attached Page(s) reage 2 □ No Are Wetlands Present? BOOK 1915 Footage 140050 No ₩ell Water 0

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Owner(s):) Ge Manual on the must sign or letter(s) of authorization must accompany this application)

must accompany this application)

I (we) declare that this a am (are) responsible for may be a result of Bay above described propy

Rec'd for Issuance Address to send permit
AU6 | 0 2012

oecretarial Staff

If you recently purchased the prop

Attach
Copy of Tax Statement
property send your Record

Date

7-24-12

Date

Feet

Feet

